

**MULTIPLE-DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 599340

FILING DATE

09-26-06

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		2		1		
5		2		1		
6		2		1		
7		(1) 2		1		
8		(1) (1)		1		
9		(1) (1)		1		
10		(1) (1)		1		
11		(1) 2		1		
12		(1) (1)		1		
13		(1) (1)		1		
14		(1) (1)		1		
15		(1) (1)		1		
16		(1) (1)		1		
17		(1) (1)		1		
18		(1) (1)		1		
19		(1) (1)		1		
20		(1) (1)		1		
21		(1) (1)		1		
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TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	28	←	23	←		←
TOTAL CLAIMS	30		25			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						